

Work Order ID 100120

April-18-13 9:27:29 AM

\*100120\*

Page 1

Item ID: 646.3716

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Gauge Bracket

Stop

\*NS2\*

Start Date: 4/18/13 Start Qty: 10.00

\*10\*

Cust Item ID:

Customer:

Required Date: 4/25/13 Req'd Qty: 10.00

\*10\*

Reference:

Approvals: Process Plan: MLJ

Date: 13-04-18 Tooling:

Date:

Run Start

\*NR1\*

QC:

Date: SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
646.3700	A								
110		0.00							
<b>*110*</b>									
Waterjet	Memo	0.00							
FLOW CNC Waterjet	1-Cut as per Dwg								
Geotek, 080	***CUT ON 45 DEG ANGLE***	?							
	Dwg Rev: A								
	Prog Rev: A								
	2-Deburr if necessary								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
<b>*120*</b>									
QC	Memo	0.00							
Quality Control									

10 0 JM 13-4-19

JM 13-4-19

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>						
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>						
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>						
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>						
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>							
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>							
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>							
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>	Other <input type="checkbox"/>							
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								

Work Order ID 100120

April-18-13 9:27:29 AM

\*100120\*

Page 2

Item ID: 646.3716

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Gauge Bracket

Start Date: 4/18/13 Start Qty: 10.00

\*10\*

Required Date: 4/25/13 Req'd Qty: 10.00

\*10\*

Reference:

Cust Item ID:

Customer:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

QC8- Inspect parts - second check

0.00

AS

27

28

\*130\*

QC

Quality Control

Memo

0.00

B4 19

140

Bend as per dwg

0.00

\*140\*

Brake NC

Brake NC

Memo

0.00

S  
13/04/23

150

QC5- Inspect part completeness to step on W/O

0.00

S

18

\*150\*

QC

Quality Control

Memo

0.00

B4 23

10

151

Out source Anodize

issue P/O: 19794

C213/05/06 (10)

152

Receive + inspect

13/04/17 (10)

153

Qc5

AS  
27  
B517

10

NCR: Yes / No

DQA: Date:

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending		Bend		Grain		Ovalized		Pressure/Forced			
Centre Not Concentric to O/S		BOM/Route		Hardware		Over/Under tolerance		Temperature/Cure			
Cracks		Broken/Damaged		Inspection Incomplete		Part Incorrect		Weld			
Crushed/Crimped.		Burrs		Instructions Incomplete/Unclear		Part Lost/Missing		Wrong Stock Pulled			
Cuffs		Contamination		Maintenance		Part Moved					
Heat Treat		Countersink		Mislabeled		Positioned Wrong					
Inspection Strip in Tube		Cut Too Short		Misread		Power Loss/Surge					
Ripples in Bend		Drill Holes		Offset							
Torque Waves in Extrusion		Drawing		Out of Calibration							
Turning Sequence		Finish		Out of Sequence							
Wave/Twist in Tube		Folio		Outside Dimensions							

## Work Order ID 100120

April-18-13 9:27:29 AM

\*100120\*

Page 3

Item ID: 646.3716

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Gauge Bracket

Stop

\*NS2\*

Start Date: 4/18/13 Start Qty: 10.00 \*10\*

Cust Item ID:

Required Date: 4/25/13 Req'd Qty: 10.00 \*10\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start

\*NR1\*

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

\*NR2\*

Sequence ID/  
Work Center ID  
160

\*160\*

SprayPaint

Spray Painting

Operation  
DescriptionSet Up/  
Run Hours  
0.00

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

Memo PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 4)

PRIMER BATCH: 125452.

Primer @ A.T.G.

170

\*170\*

QC

Quality Control

QC14- Inspect Spray Paint

0.00

Shd

10

Memo

0.00

13 S-02

180

\*180\*

Packaging

Packaging

Identify as per dwg &amp; Stock Location: 81631

0.00

Memo

0.00

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND  
REV\*\*\*

1530/17 10

NCR: Yes / No

DQA: Date:

## **WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	General			Bend	General			Grain	Ovalized	Pressure/Forced	
Centre Not Concentric to O/S				BOM/Route				Hardware	Over/Under tolerance	Temperature/Cure	
Cracks				Broken/Damaged				Inspection Incomplete	Part Incorrect	Weld	
Crushed/Crimped.				Burrs				Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled	
Cuffs				Contamination				Maintenance	Part Moved		
Heat Treat				Countersink				Mislabeled	Positioned Wrong		
Inspection Strip in Tube				Cut Too Short				Misread	Power Loss/Surge		
Ripples in Bend				Drill Holes				Offset			
Torque Waves in Extrusion				Drawing				Out of Calibration			
Turning Sequence				Finish				Out of Sequence			
Wave/Twist in Tube				Folio				Outside Dimensions			

Work Order ID 100120

April-18-13 9:27:29 AM

\*100120\*

Page 4

Item ID: 646.3716

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Gauge Bracket

Stop

\*NS2\*

Start Date: 4/18/13 Start Qty: 10.00

\*10\*

Cust Item ID:

Required Date: 4/25/13 Req'd Qty: 10.00

\*10\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

190

QC21- Final Inspection - Work Order Release

0.00

\*100\*

QC

Quality Control

Memo

0.00

13/5/2108

MCS.3-05-17

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## **WORK ORDER NON-COMPLIANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	Bend	Grain	Ovalized	Pressure/Forced							
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure							
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld							
Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled							
Cuffs	Contamination	Maintenance	Part Moved								
Heat Treat	Countersink	Mislabeled	Positioned Wrong								
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge								
Ripples in Bend	Drill Holes	Offset		Other							
Torque Waves in Extrusion	Drawing	Out of Calibration									
Turning Sequence	Finish	Out of Sequence									
Wave/Twist in Tube	Folio	Outside Dimensions									

**Picklist Print**

April-18-13 9:27:32 AM

Work Order ID: 100120

Parent Item: 646.3716

Parent Item Name: Gauge Bracket

**\*100120\***  
**\*646 3716\***

Page 1

Start Date: 4/18/13

Start Qty: 10.00

Required Date: 4/25/13

Required Qty: 10.00

Comments: IPP REV:A 12.10.22 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6S.080		Purchased	No			110	sf	201.4973	0.0306	0.322105	**	0.5	Jm B-4-19

**\*M6061T6S 080\***

6061-T6 .080 Sheet

Location	Loc Qty	Loc Code
MAT021	201.497264	
117285	0.497264	
124786	201	

124786

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																																						
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>																								
Part No. _____			Work Order Update <input type="checkbox"/>																																									
NCR No. _____																																												
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector																															
Doc/Data																																												
Equip/Tooling																																												
Operator																																												
Material																																												
Setup																																												
Other																																												
Process																																												
Supplier																																												
Training																																												
Unapproved																																												
FAULT CATEGORY																																												
Landing Gear				General																																								
				Bending <input type="checkbox"/>	Centre Not Concentric to O/S <input type="checkbox"/>	Cracks <input type="checkbox"/>	Crushed/Crimped. <input type="checkbox"/>	Cuffs <input type="checkbox"/>	Heat Treat <input type="checkbox"/>	Inspection Strip in Tube <input type="checkbox"/>	Ripples in Bend <input type="checkbox"/>	Torque Waves in Extrusion <input type="checkbox"/>	Turning Sequence <input type="checkbox"/>	Wave/Twist in Tube <input type="checkbox"/>	Bend <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Burrs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Countersink <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Drawing <input type="checkbox"/>	Finish <input type="checkbox"/>	Folio <input type="checkbox"/>	Grain <input type="checkbox"/>	Hardware <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Misread <input type="checkbox"/>	Offset <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	<input type="checkbox"/> Other

DART AEROSPACE LTD	Work Order:	100120
Description: Gauge Bracket	Part Number:	646.3716
Inspection Dwg: 646.3700 Rev: A		Page 1 of 1

# FIRST ARTICLE INSPECTION CHECKLIST

94

Measured by:	Jay	Audited by:	27 S-69	Preliminary Approval:	
Date:	13-4-19	Date:	13-4-19	Date:	

Rev	Date	Change	Revised by	Approved
A	12.11.26	New Issue	KJ	 

APICAL  
INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO. 03702

SHEET 1 OF 2

DWG NO. 646.3700

REV: A

PREPARED  
BY B. PETERS

DATE: 11/15/12

EFFECT ON DWG  
 INC.  UNINC.

DWG TITLE: SHEETMETAL

APPROVED BY:

ENGR: *[Signature]*

MFG:

*Darrin Barber*

QC:

*[Signature]*

EFF: NEXT ORDER

TRANSACTION CODES (TC)  
A-ADD C-CREATE  
R-REVISE D-DELETE

REASON: ADDED ALTERNATE MATERIAL AND REVISED  
REFERENCE DIMENSIONS

ECN:  
D-12-010

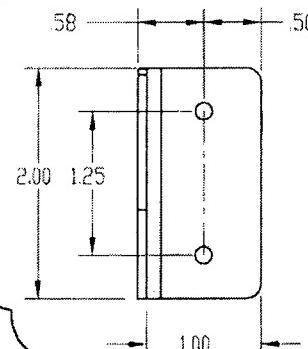
IS

**SHEET 1, ZONE A2 IS:**

⚠ PRIMARY MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11  
ALTERNATE MATERIAL: SS 17-4 PH PER AMS 5604

IS

**SHEET 7, ZONE B1 IS:**



R  
REV: C  
UNCONTROLLED  
SUBJECT TO  
WARRANTY

100120 MCL  
13-04-18

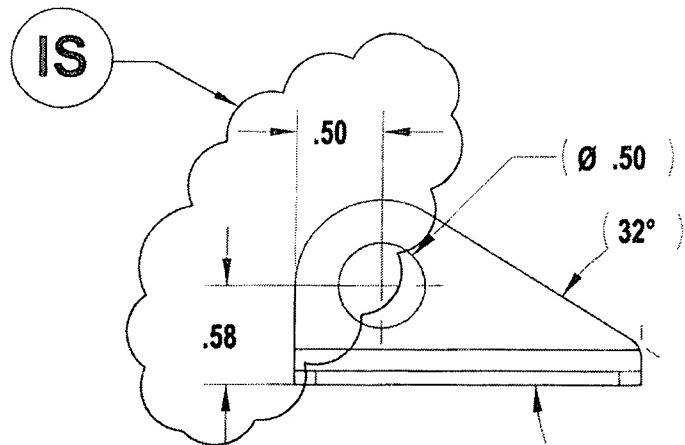
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input type="checkbox"/> BOM	CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

100120

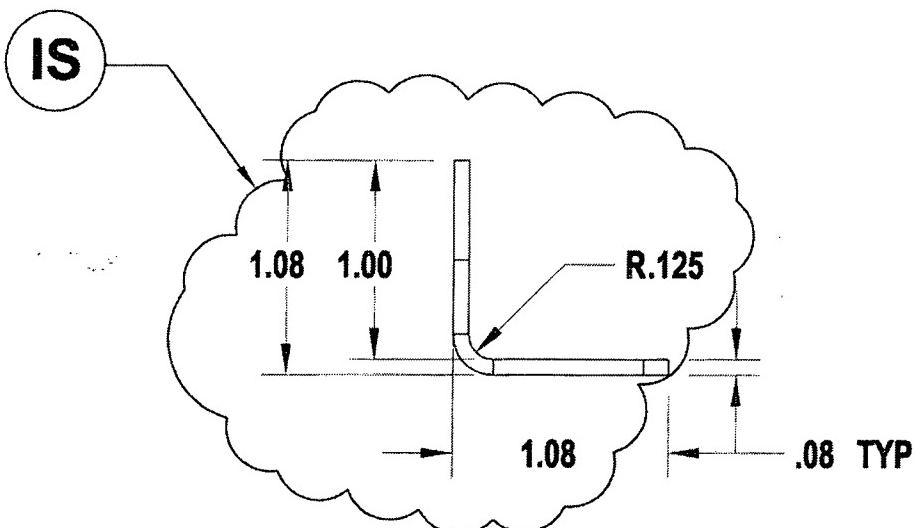
APICAL INDUSTRIES, INC.

ENGINEERING CHANGE ORDER NO. 03702

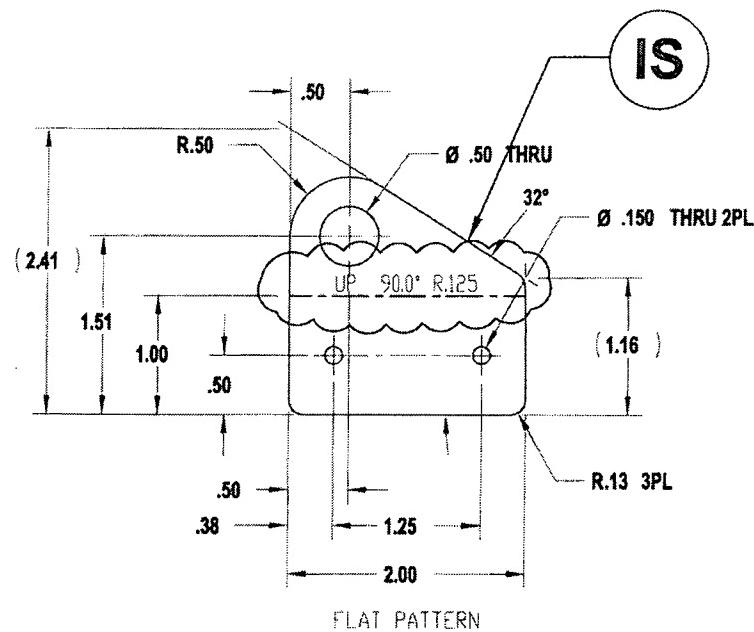
SHEET 2 OF 2



### SHEET 7, ZONE C4 IS:



### SHEET 7, ZONE D1 IS:



### SHEET 7, ZONE B7 IS:

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
-----	----	-------------	-----	-------------	------------------------

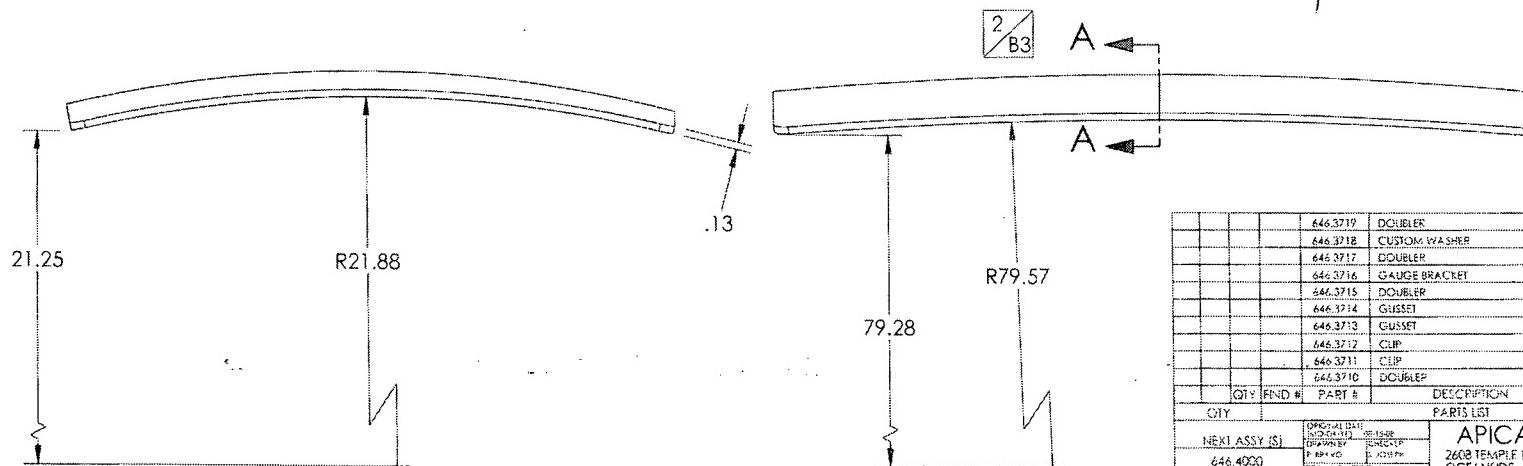
100120

## NOTES:

1. MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11  
 2. FINISH: HARD ANODIZE IAW MIL A-8625 TYPE III,  
 CLASS 2, COLOR BLACK;  
 CARDINAL 480-50 PRETREATMENT PRIMER  
 PRIME IAW MIL-P-2337J TYPE I CLASS N  
 3. MATERIAL: 17-4 PH AMS 5604, CONDITION H900  
 4. FINISH: PRIME IAW MIL-P-2337J TYPE I CLASS N  
 5. DEBURR AND BREAK ALL SHARP EDGES  
 6. IDENTIFY IAW MPP-120

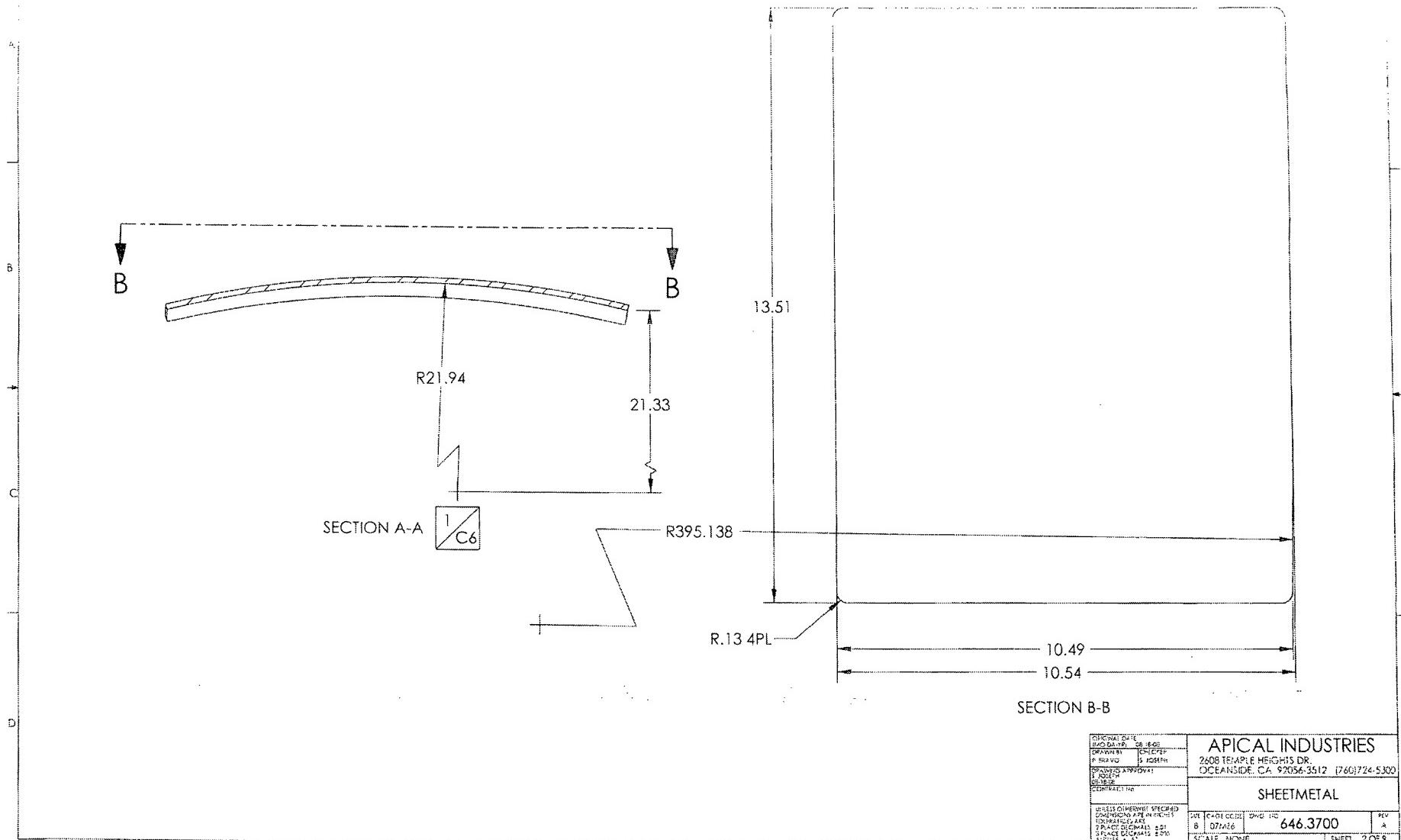
646.3710

## UNINCORPORATED ECN(s)

03702

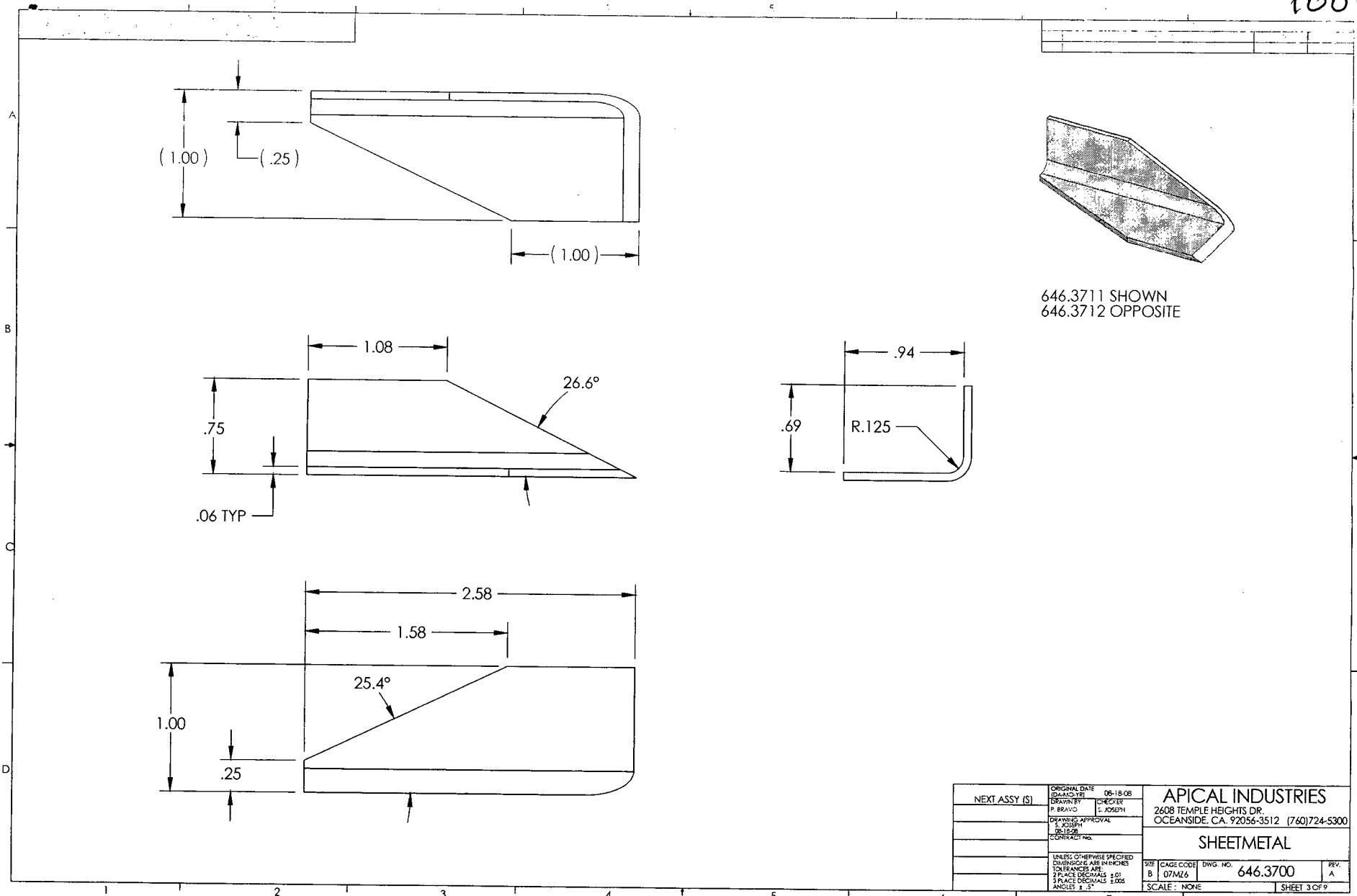
CITY	FND #	PART #	DESCRIPTION	AMATL	SPEC.
<b>PARTS LIST</b>					
NEXT ASSY (S)	646.3710	DOUBLER			
	646.3718	CUSTOM WASHER			
	646.3717	DOUBLER			
	646.3716	GAUGE BRACKET			
	646.3715	DOUBLER			
	646.3714	GUSSET			
	646.3713	GUSSET			
	646.3712	CLIP			
	646.3711	CLIP			
	646.3710	DOUBLER			
<b>APICAL INDUSTRIES</b>					
2608 TEMPLE HEIGHTS DR. OCEANSIDE CA 92056-3512 (760)724-5300					
<b>SHEETMETAL</b>					
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES. 1/16" TOL. FOR 1/2" & LARGER 1/32" TOL. FOR 1/2" & SMALLER ANGLES TO 1/8"	DET	DATE CODE	REV. NO.		
	B	07M26	646.3700		
		SCALE: NONE	SHEET	1 OF 6	

100120



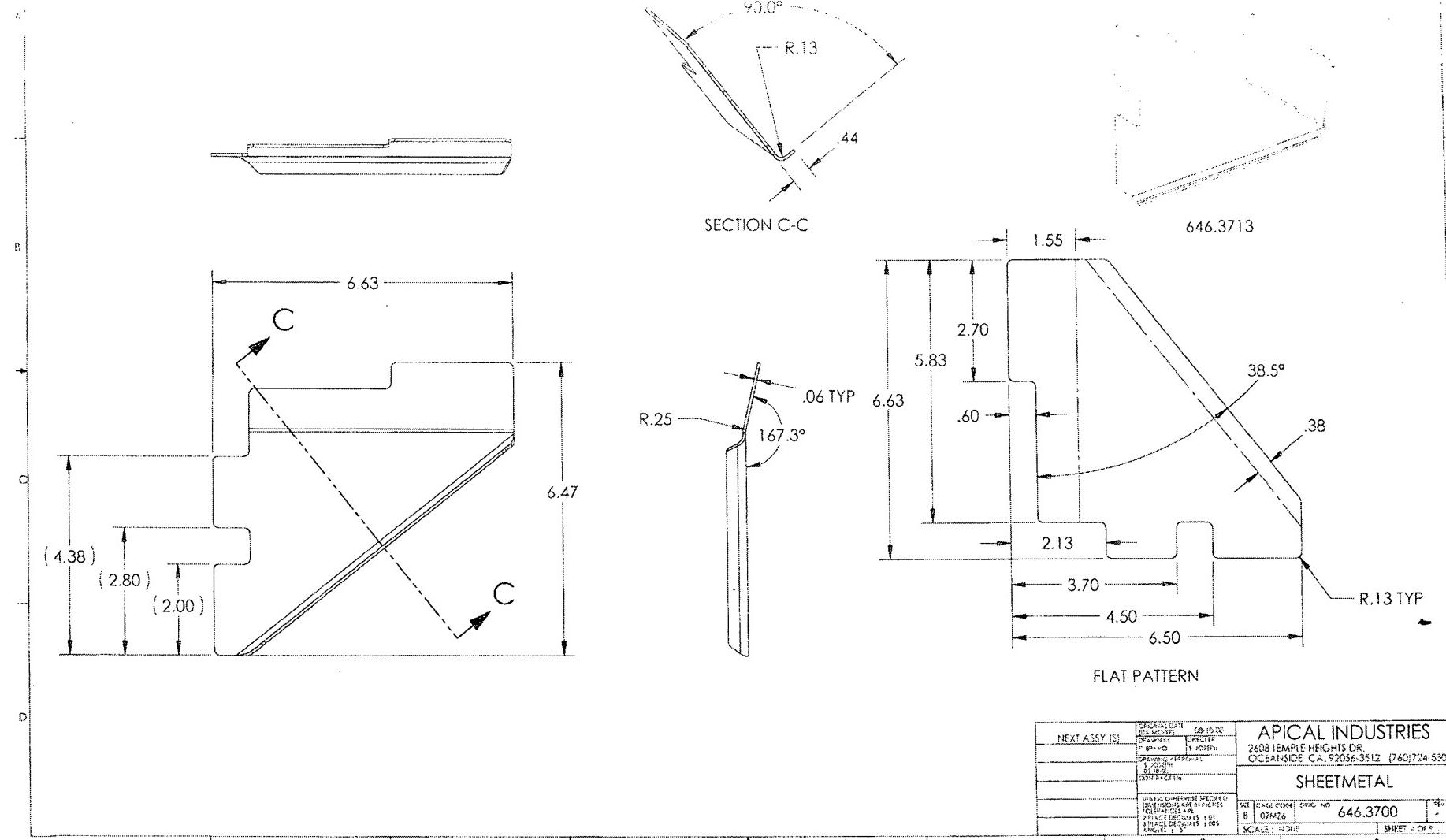
ORIGINATION DATE	08-08-08	APICAL INDUSTRIES			
PROJ. DATE	08-08-08	2608 TEMPLE HEIGHTS DR.			
PROJ. NO.	S-4048	OCEANSIDE, CA 92056-3512 (760)724-5300			
SPANNING APPROX:	10' X 10'				
COMMENTS					
CONTRACT NO.					
MATERIAL CODE: 1/C6					
UNLESS OTHERWISE SPECIFIED ALL MATERIALS ARE STRUCTURAL STEEL 50K STAINLESS STEEL 304 ALUMINUM 6061-T6 THICKNESS 3/8"					
DATE	07/16	SPC NO	646.3700	REV	A
SCALE	NONE	SHEET	2 OF 9		

100120

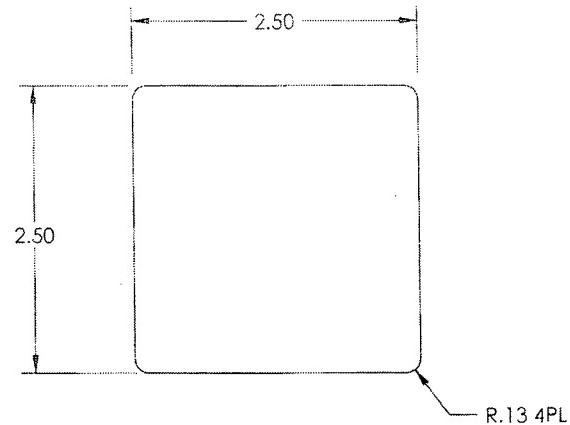


NEXT ASSY (S)	ORIGINAL DATE (DRAFTING-TIME)	06-18-08	APICAL INDUSTRIES
	DRAWN BY P. BRAVO	CHECKED BY J. JOSEPH	2608 TEMPLE HEIGHTS DR.
	DESIGN APPROVAL 06-18-08	06-18-08	OCEANSIDE, CA. 92056-3512 (760)724-5300
	CONTRACT NO.		SHEETMETAL
	UNLESS OTHERWISE SPECIFIED		
	DIMENSIONS ARE IN INCHES		
	2 PLACE DECIMALS ± 0.01		
	3 PLACE DECIMALS ± 0.005		
	ANGLES ± 1°		
SITE	CAGE CODE B	DWG. NO. 646.3700	REV. A
	07M26		
SCALE: NONE			SHEET 3 OF 9

100120



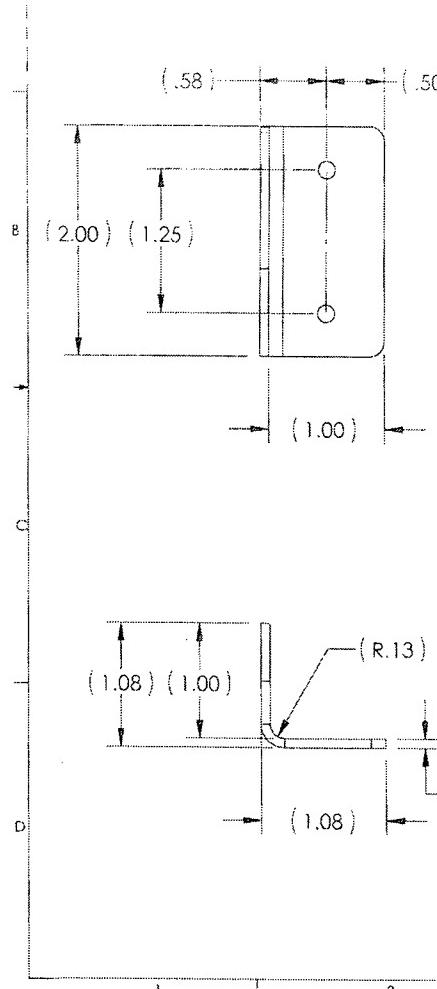
100126



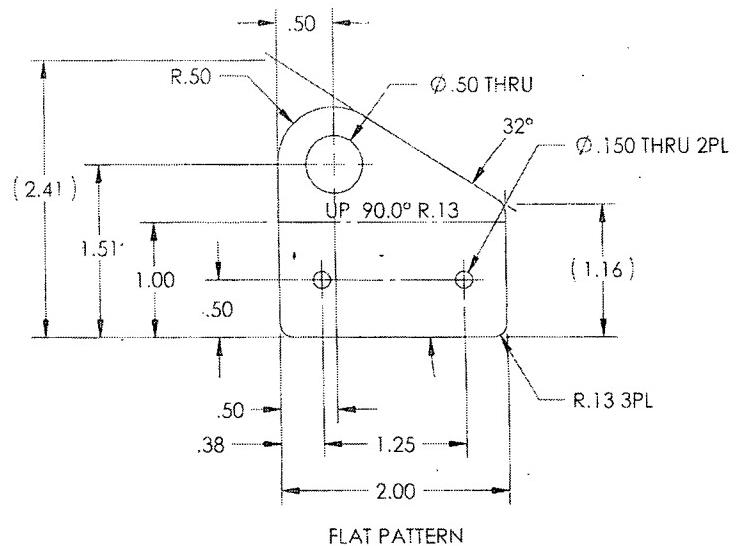
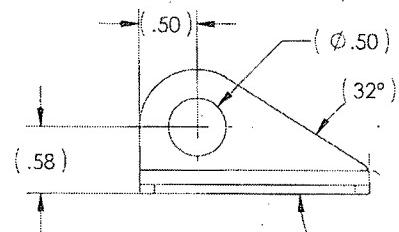
646.3715

NEXT ASSY (S)		ORIGINAL DATE	09-02-02	APICAL INDUSTRIES
DRAWN BY		P.BAIRD	S. JONES	260B TEMPLE HEIGHTS DR.
DRAWING APPROVAL		B.D. BURGESS		OCEANSIDE, CA. 92056-3512 (760)724-5300
CHECKED		B.D. BURGESS		
CONTR. C.F.H.				
MATERIAL CHAMFER 45° 1/8" & 1/4" RADIUS				SHEETMETAL
INTERFACER #400				
STRENGTHENING #200				
PLACE DOCUMENTS IN				
INCLINE #3°				
REF	CACI CODE	DRAW. NO.	646.3700	REV.
E	07MA			A
SCALE: NONE				SHEET 4 OF 5

100120

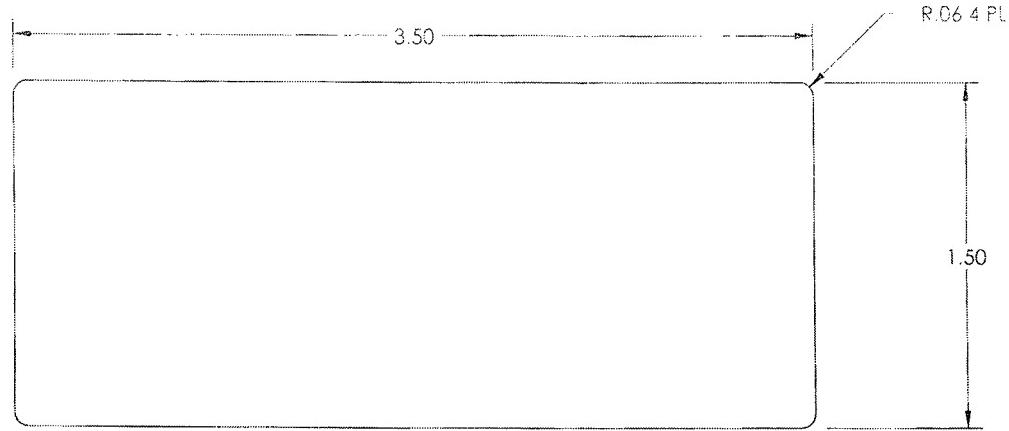


646.3716



### **FLAT PATTERN**

100120



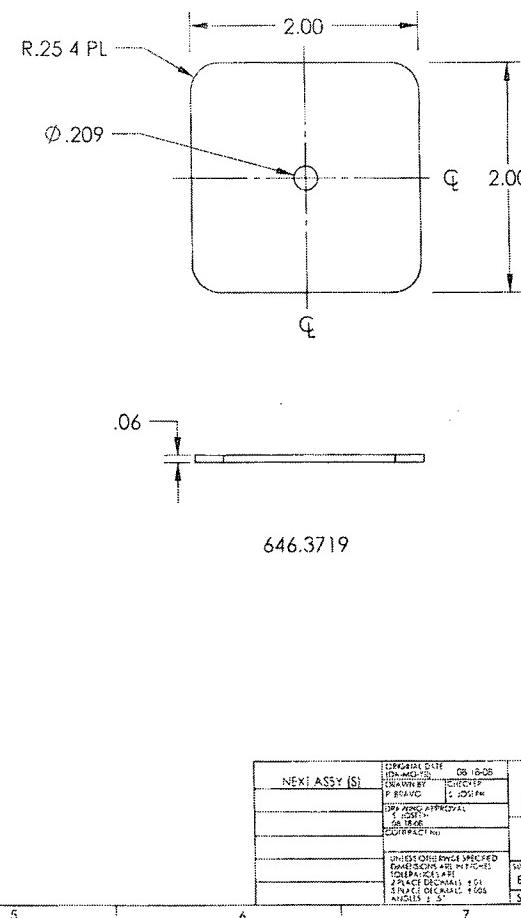
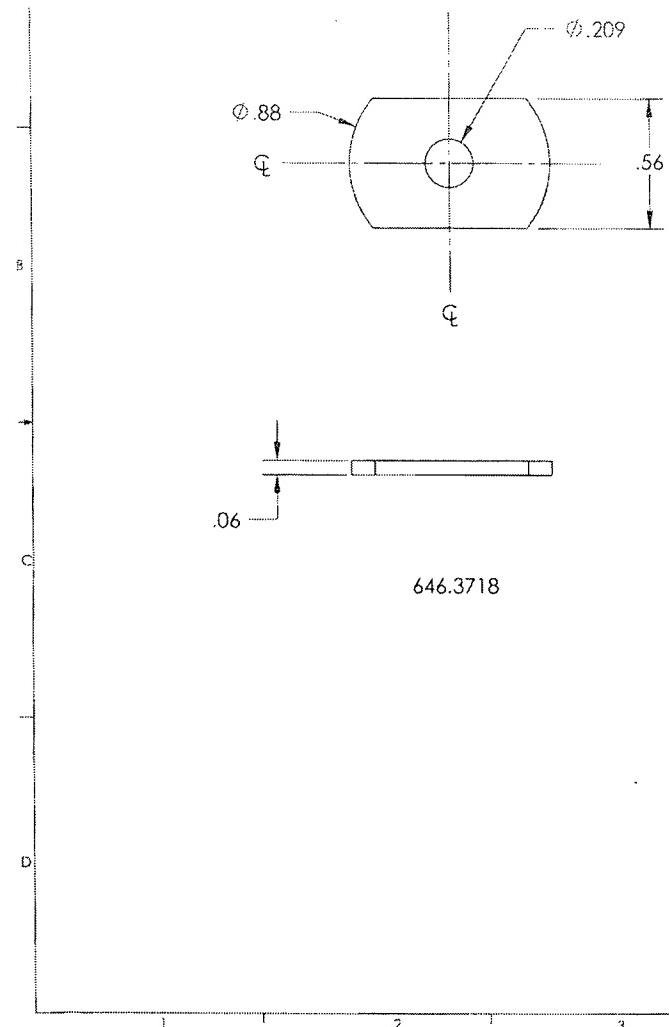
646.3717

A  
B  
C  
D

1 2 3 4 5 6 7 8

NEXT ASSY (S)	ORIGINAL DATE	REV'D DATE	APICAL INDUSTRIES
100120	09-10-06	09-10-06	2406 TEMPLE HEIGHTS DR
B SPACO	RECORDED BY	S. JOSEPH	OCEANSIDE, CA 92056-3512 (760)724-5300
DRAWING APPROVAL	APPROVED	APPROVED	
J. PARKER	J. PARKER	J. PARKER	
C. COOPER	C. COOPER	C. COOPER	
CONTRACT NO.	CONTRACT NO.	CONTRACT NO.	
UNIFIL CHEMICAL SPECIALISTS	UNIFIL CHEMICAL SPECIALISTS	UNIFIL CHEMICAL SPECIALISTS	
INTEGRITY CONTRACTS INC.	INTEGRITY CONTRACTS INC.	INTEGRITY CONTRACTS INC.	
STYLIC DECORATIVE INC.	STYLIC DECORATIVE INC.	STYLIC DECORATIVE INC.	
ENDS 12/31/06	ENDS 12/31/06	ENDS 12/31/06	
WEIGHT CODE	WEIGHT CODE	WEIGHT CODE	
B 07M26	C 07M26	D 07M26	
SCALE	SCALE	SCALE	
1/4 INCH	1/4 INCH	1/4 INCH	
SHEET B.C1		SHEET B.C1	

100120



NEXT ASSY IS:		CONTRACT DATE DD-MM-YY	GR-16-08	APICAL INDUSTRIES			
		P.F.RNC		2698 TEMPLE HEIGHTS DR.			
		DPA AGEN APPROVAL 2010		CICERO, CA. 92056-3512 (760)724-5300			
		CARTON FNS		SHEETMETAL			
		UNIVERSITY CONCRETE STICKER DIMENSIONS AND PATTERNS PRINTED ON BACK		SITE	CACR CODE	DRW NO	
		2 PLACE DESIGN : 01 3 PLACE DESIGN : 00 4 PLACE DESIGN : 00		B	07466	646.3700	P/R
		SCALE: 1:100		SHEET P OF P			



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62386

Date: 17-May-13

#### To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

#### Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	Part: ASST 12 PCS 646.3011 17 PCS 646.3410 16 PCS 646.3411 11 PCS 646.3711 11 PCS 646.3712 12 PCS 646.3714 10 PCS 646.3716  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2  PRIME PER MIL-P-23377J TYPE I CLASS N Job: 20130293 PO: 19794
	Rev: Line:  Certificate of Conformance A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order. ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY DATE: <u>17/5/13</u> CERTIFIED SIGNATURE: <u>M</u> RECEIVER SIGNATURE: _____